

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 11/17/2003

Peter Kraguljac
Calfee Halter & Griswold LLP
1400 McDonald Investment Center
800 Superior Avenue
Cleveland, OH 44114

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Barbara J. Jackson	(Depositor's name)
<i>Barbara J. Jackson</i>	(Signature)
2-16-2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/650,182	08/29/2000	David Slocum	24837/04206	9219

TITLE OF INVENTION: COLORIMETER HAVING FIELD PROGRAMMABLE GATE ARRAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SMITH, ZANDRA V	2877	356-405000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Moser, Patterson &
 1 Sheridan, LLP
 2 Kin-Wah Tong
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Colorvision Administrative AG

Lucerne, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee
 Advance Order - # of Copies 1

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)  (Date) 2/16/04

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02/23/2004 FMETEK12 00000093 09650182

01 FC:1501
02 FC:8001

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PTO/SB/21 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

Approved for use through 10/2006. GMD 9001-003
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/650,182
		Filing Date	August 29, 2000
		First Named Inventor	David Slocum
		Group Art Unit	2877
		Examiner Name	Smith, Zandra V.
Total Number of Pages in This Submission	3	Attorney Docket Number	24837/04206

ENCLOSURES (*check all that apply*)

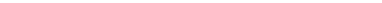
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <p style="text-align: center;">Issue Fee Transmittal, Statement under 37 CFR 3.73, Check in the amount of \$1333 and Return Receipt Postcard</p>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kin-Wah Tong, Esq. Reg. 39,400
Signature	
Date	2/16/04

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Barbara J. Jackson		
Signature		Date	2-16-2004

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FEE TRANSMITTAL

for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1333

<i>Complete if Known</i>	
Application Number	09/650,182
Filing Date	August 29, 2000
First Named Inventor	David Slocum
Examiner Name	Smith, Zandra V.
Group / Art Unit	2877
Attorney Docket No.	24837/04206

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

<input type="checkbox"/> Deposit Account	
Deposit Account Number	20-0782
Deposit Account Name	MOSER PATTERSON & SHERIDAN LLP

The Director is authorized to: (Check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code (\$)		
1001	770	2001 Utility filing fee	
1002	340	2002 Design filing fee	
1003	530	2003 Plant filing fee	
1004	770	2004 Reissue filing fee	
1005	160	2005 Provisional filing fee	

SUBTOTAL (

2 EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	-20 **	= 0	X 18	= 0
Independent Claims	-3 **	= 0	X 86	= 0
Multiple Dependent		X		= 0

SUBTOTAL (2) (\$)
C

SUBMITTED BY

Name (Print/Type)	Kin-Wah Tong	Registration No. Attorney/Agent)	39,400	Telephone	732-530-9404
Signature				Date	8/16/04

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